



Risk rituals and the female life-course: negotiating uncertainty in the transitions to womanhood and motherhood

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This article argues that key points in the female life-course – specifically, the transition into independent adulthood and motherhood – have come to be characterised by risk. The discussion is anchored in two case studies: the first concerns female undergraduate students’ strategies for managing the risks associated with socialising, and the second deals with the depiction of pregnancy-related health issues in British newspapers. Across both, discussion focuses on the protective and self-limiting routines that have become a distinctive feature of women’s lives. This article approaches these as ‘risk rituals’ and works towards a refinement of this concept. First, by suggesting that this concept should pay greater attention to the critical question of *who* is being asked to take responsibility for a risk. Secondly, by suggesting that ‘risk rituals’ might on occasion serve to mark and manage life-course transitions. The article’s conclusion seeks to explain why risk rituals might serve this function. Developing out of conditions of detraditionalisation and individualisation, risk rituals are nonetheless socially-patterned, rather than universal. They are, for example, a particular feature of the female life-course, and in making this argument the article points out the connections between practices of risk-avoidance on the one hand, and social constraints associated with gender on the other. In making this case, the article seeks to provide a fresh perspective on risk and the life-course, as well as contribute to the emerging ‘risk rituals’ literature and work on gender and risk.

Keywords: Risk rituals; life; course; gender; motherhood; uncertainty; responsibility

Introduction

This article offers a new perspective on how risk shapes the female life-course by exploring the rituals that mark two key transitional moments: the move into independent female adulthood and preparation for motherhood. It does so by presenting findings from two studies. The first provides insights into British female undergraduates’ experiences of settling into university life and managing the risks associated with socialising. The second study is based on a quantitative content analysis of British newspaper reporting of pregnancy-related health issues. To be clear, the aim is neither to synthesise nor directly compare these studies’ findings, but to use them as case studies to explore the role and meaning of ‘risk rituals’ in women’s lives.

The term ‘risk ritual’ is a relatively new one, and was included in a recent editorial for this journal in an inventory of emerging theoretical work on behavioural adaptations to risk and uncertainty (Brown, 2013). Introduced by Moore and Burgess (2011), the concept originally developed out of an anthropological understanding of ritual and points

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to the function of routinised risk-avoidance as a means of managing uncertainty at the level of the individual. This article returns to and develops this set of ideas to consider the possibility that risk rituals proliferate at certain points in the life-course to serve broader, social functions.

The article's conclusion considers the possibility that women are especially likely to be subject to, and in turn engage in risk rituals, and at key points in the life-course. Thus, a further aim of the article is to contribute to our understanding of how ideas about risk – particularly concerning who is responsible for mitigating risk – intersect with social constraints and norms concerning female behaviour. Risk rituals take on a new meaning in this context, becoming a means through which ideas about responsibility are instituted into women's everyday lives.

Research methods

As mentioned above, this article is based on the findings of two studies, each used here as a case study for exploring risk rituals in the female life-course. These studies were designed independently of one another. The possibility that they might yield comparative insights into the role of risk in women's life-course was an afterthought. This means that the studies have entirely different methodologies, were designed to meet different aims, and were carried out several years apart. Put differently, the points of connection suggested in this article were neither designed-into the research nor anticipated in the original analyses – they are what Merton and Barber (2006) famously described as serendipitous discoveries. The comparative perspective set out below developed organically, from a realisation that I had been involved in two discrete studies that captured pivotal experiences in women's lives, and that, in both cases, these were experiences around which rituals designed to avoid or mitigate risk have proliferated. This is not to ignore that independent adulthood and motherhood constitute distinct social identities; rather, it is to point to a connection between the social rituals that have come to mark these transitional moments.

The first study discussed below is a mixed methods project carried out 2008–9 to explore British and US university students' attitudes towards binge-drinking and drink-spiking. This article draws upon one specific strand of the research; namely the qualitative material collected during participant observation and in-depth interviews carried out with female undergraduate students based in the South East of England ($n = 25$). The interviewees responded to an advert placed on the student intranet, and were, on average 21 years old. The interviews were structured so that the first half constituted a general, open discussion about their experiences of socialising and drinking alcohol, and the second half of the interviews focused on their concerns about drug-facilitated sexual assault.

The second study discussed below focusses on the treatment of pregnancy-related health issues in British national newspapers over a five year period (2006–2011). LexisNexis was used to search all UK-wide national newspapers for articles that contained the terms 'preg' and 'link' in the same paragraph during the five year period¹. The search returned 875 articles. Whilst this search by no means captured all relevant articles about pregnancy health advice, it produced an unbiased, manageable number of results with a high proportion of relevant items and, as such, represented a useful snapshot of reporting within the British press. A process of data-cleaning was then required to eliminate irrelevant and duplicate articles. After these items were excluded we were left with a sample of 331 articles. The final sample was composed of articles that

mentioned a link between a factor and a pregnancy-related health outcome. News items concerning both positive and negative associations – that is, health benefits and risks – were included.

Each item was then coded so that the following details were recorded: precipitating factor (e.g. maternal obesity), outcome (e.g. low birth weight), the nature of the link (e.g. as a benefit, a harm, both, or no link), reference to scientific evidence, and newspaper type. Though it wasn't the purpose of the study, the research revealed a range of pregnancy-related rituals, and this is the point of concern in the analysis below. Before turning to this idea, this article summarises the 'risk ritual' concept.

What are risk rituals?

Moore and Burgess (2011) introduced the concept of 'risk rituals' to describe behavioural adaptations to an anticipated risk that become routine practices. Risk rituals are distinct from *ad hoc* adaptations to a perceived risk, as well as idiosyncratic responses. By contrast, risk rituals have cultural reference-points and reflect socially-circumscribed problems of uncertainty and vulnerability. Examples discussed by Moore and Burgess (2011) include self-checking for cancer, recycling, face-mask wearing, use of hand sanitiser – where, to be clear, these practices become habitual and entrenched. As practices that we subsume into our everyday lives, risk rituals are resistant to change. This means that, on occasion, we may continue with a risk ritual despite evidence of its ineffectiveness. As argued by Moore and Burgess (2011), this is not to suggest that risk rituals are *necessarily* redundant in tackling a risk; it's to stress that they become unreflexive acts that we undertake as a matter of course and their function goes beyond attending to a discrete threat.

Moore and Burgess (2011) note that this conception of risk rituals is in keeping with the anthropological understanding of rituals as acts that have both manifest functions – directed towards a concrete, specific goal – as well as latent functions – directed towards social cohesion and integration (Merton, 1968). We can think of risk rituals in this way too, albeit they work in a much more individualised way – at least, the original conception takes them to serve this purpose. As Moore and Burgess (2011) point out, they are symbolic acts that create a sense of reassurance that one is doing *something* in the face of a really strong sense of uncertainty that 'it could be me'. Put differently, risk rituals – like rituals more generally – displace or absorb uncertainty, and this is central to their meaning and operation (Moore & Burgess, 2011).

This is not to suggest that we should see them as *natural* or *inevitable* responses to uncertainty. Rather, they emerge out of historically specific circumstances where managing risk becomes a predominant concern, and the locus of responsibility for this work of risk-minimisation lies with the individual. In the original formulation of the concept, Moore and Burgess (2011) pointed to two dominant social discourses that are particularly important in framing uncertainty and producing 'risk rituals'. First, the injunction that each of us should 'do our bit' to avoid or minimise a collective risk – flu-avoidance strategies are a case in point. Secondly, the injunction to 'take care of yourself' in order to reduce risk at the individual level. Put in more theoretical terms, uncertain situations might involve a particular set of problems in late modern risk societies where the individual is regularly conceived of as personally responsible for guarding against risk.

What the original formulation of the 'risk rituals' concept had little to say about is the way in which this culturally salient idea about individual responsibility is gendered. To

briefly think-ahead to one of the examples discussed below, namely female undergraduates' rituals around socialising: alcohol consumption, difficulties in placing trust in others, and the need to make friends quickly was widely perceived to produce uncontrollable social situations. But what made these situations really perturbing – and shapes and gives momentum to the risk rituals that surround female socialising – is the background knowledge that rape, in our culture, is something that women are deemed responsible for avoiding. Risk rituals are, then, formatively shaped by dominant cultural ideas about *who* has the moral responsibility to act and protect.

This is to think about the possibility that risk rituals might answer to shared, as well as individual problems of uncertainty and responsibility. The article develops this idea to suggest that risk rituals serve a societal function: namely, to inaugurate women to different stages of the life-course. Before considering this possibility, this article turns now to consider first the risk rituals that young women adopt when socialising and then the risk rituals surrounding pregnancy.

Young women's risk rituals for socialising

The 'risk rituals' concept developed out of a study carried out in 2008 which examined US and UK undergraduate students' experiences of alcohol consumption and concerns about drug-facilitated sexual assault (Burgess, Donovan, & Moore, 2009). The focus of that study and the subsequent publications coming from it, were the measures taken by undergraduates to guard against drug-facilitated sexual assault. But the interviews and focus groups revealed much more than this: they provided an insight into the experience of female socialising and the various measures that young women took to bring what they perceived to be difficult social situations under control.

For most of the female university students we spoke to, the experience of being away from home for the first time, as well as the various social events organised for the first few weeks of term created a situation where it was at once desirable to set up relationships quickly and difficult to avoid the round of social events specifically set up for this purpose. A number of interviewees pointed out that tickets to social events for Freshers – first year undergraduates – are routinely sold before students even arrive at university. As several interviewees commented, it is easy to believe that not signing up to some (if not all) of these events will damage your chances of settling in.

Not only was there an implicit pressure to attend such events, but the young female undergraduates we interviewed found that once at university, early socialising experiences were characteristically tricky social situations. The general consensus amongst the students was that alcohol served as a sort of 'oil', as one third year student put it, for otherwise difficult, first-time social interactions. At the same time, alcohol consumption often exacerbated feelings of vulnerability for these participants. And for many, there was evident pressure to drink alcohol: interviewees who had made explicit their decision not to drink during a night out reported being 'told off' for not drinking, being made to feel like an 'outsider' and being subject to disapproving looks and remarks.

It is worth pausing here to consider whether the experiences and risk-avoidance behaviour exhibited by the participants in this 2008 study are still of relevance today, some ten years later. Certainly, there is evidence of a generational shift associated with the distinctive outlook of those born at the turn of the millennium. Sociologists tend to characterise post-millennials as more risk-averse – as 'generation clean', as White (2016) put it succinctly in an article noting younger people's greater tendency to abstain from

alcohol consumption, relative to their parents' generation. There is ample evidence of an exponential decrease over the last fifteen years in heavy-drinking amongst 18–24 year olds in the UK, as well as other economically-developed countries (see, for example, Fat, Shelton, & Cable, 2018). Most researchers locate the start of this shift around the turn of the millennium (Measham, 2008); that is, crucially, before the point at which the study was carried out. This suggests that the drinking culture and experiences studied in this project remain relevant, and the findings still have currency.

Certainly, it is clear from a review of more recent academic studies of UK university students' experiences of socialising that the same pressures and dilemmas observed in our 2008 study remain in evidence. Take, by way of example, Brown and Murphy's (2018) small-scale qualitative study of undergraduate Management students, where they observe that alcohol consumption plays a key role in new students' experiences of 'settling in'. Other studies detail the anxiety that surrounds such experiences. Bailey, Griffin, and Shankar (2015), for example, draw upon findings from focus groups with young, female friendship groups – including undergraduate students – to point out how their experiences of 'big nights out' are shaped by a central dilemma concerning pressure to engage in heavy alcohol consumption at the same time as adhering to the norms of female respectability.

Similarly, for most of the young female first-year undergraduates who took part in our 2008 study, the need to make friends, to 'be social', and to consume large volumes of alcohol created great ambivalence. To deal with these problems, the young female participants undertook precautionary measures to negotiate social situations characterised by perceived vulnerability, uncertainty, and distrust. The core themes that emerged from the interview and focus group data reflect this: they were staying in and with the group one came out with, looking out for and after other group members, and being watchful.

The first of these themes was usually expressed in terms of there being 'safety in numbers'. 'You go out together and come back together', was how one young woman put it. Others commented on the importance of group size, often preferring small groups, or, as one female Fresher put it, 'not so big groups, because you know where everyone is then'. In contrast, a number of interviewees believed that the typical female victim was a lone woman who had been separated from her friendship group: this was a potent symbol in young women's accounts of risky socialising, central also to young women's accounts in Bailey et al's (2015) study. Some, for example, talked about seeing young women collapsed on pavements outside nightclubs, and, interestingly, the common feature to all these stories was the fact of these women being on their own and separated from their friends.

There was, perhaps unsurprisingly, a marked sense of solidarity in the young women's discussions about the need to stick together. We also see this in studies of male drinking with the idea of a 'pack mentality' that finds its clearest expression in punishing drinking games that allow for in-group competition (see, for example, Neighbors et al., 2014). The young female interviewees expressed an equally strong sense of group cohesion, but it was expressed in an altogether different way: as an ethic of care for other group members. In fact they were often disdainful of their male peers' drinking habits (see also Rúdólfsdóttir & Morgan, 2009). In this context it is interesting to note that, whilst the men we interviewed spoke of 'drinking games', the female interviewees preferred the phrase 'drinking circles': the purpose of the latter is very similar to the former (to imbibe alcohol rapidly, in sequence, and according to certain rules), but the shift in language is important in showing up the different gendered experiences of excessive alcohol consumption.

One thing that the shift in language demonstrates is the consensual, protective character of women's drinking groups. This was evident, too, in the emphasis young women placed on watchfulness and vigilance when out socialising. Indeed, it's reasonable to see this idea as the basis of a 'drinking etiquette' amongst young women, as one interviewee put it. At the time of doing the study, watchfulness had come to mean something rather specific. It manifested itself most clearly in the idea that you should 'watch your drink' at all times, a phrase made popular by a US anti drink-spiking campaign in the mid-1990s, that had by the mid-2000s become a central aspect of student socialising in the UK. The interview and focus group data demonstrate that watchfulness plays a more general role for female groups of drinkers, and that its applicability goes far beyond drink-spiking avoidance. Watchfulness, as these young women conceived it, referred to a need to be mindful of one's own behaviour and to be conscious of how others perceive you. And, crucially, young women's watchfulness was ritualistic in character.

Many of the young female interviewees spoke of looking out for potential predators whilst on a 'big night out', and this centrally involved a systematic process of registering the people around them and weighed up strangers' motivations in looking at and talking to them. One student, for example, explained that her all-female 'drinking circle' would routinely signal to others to cover their drinks if they noticed that a man was lingering and looking at them in a suspicious manner.

Interviewees also frequently made reference to the need to be watchful concerning physical space. One of the clearest examples of this was the mental mapping of surroundings in bars and clubs. Five of the interviewees actually used the word 'mapping' to explain a process whereby they assessed the physical surroundings of a place, and, most importantly, came to know where other members of their social group were. It is in this context that going to the toilet becomes an experience fraught with potential obstacles (for example, men approaching a single woman who is split from the group) and dilemmas (how is one to track group members if they can slip away to the bathroom?) One 20 year old woman recounted a particularly fraught experience of going out to a campus nightclub and navigating a trip to the toilets, with 'two guys' coming up to her, 'talking as if they *knew me*'. Other interviewees mentioned that they would always tell a female friend if they were leaving the space to go to the toilet, and some said that they would never go to the toilet on their own in a pub, bar, or club.

There was an evident set of routines surrounding these young women's socialising experiences, some of them protective (such as the rules of the drinking circle) and some of them prohibitive (such as the rules around breaking off from the group). These rituals were by no means idiosyncratic quirks. They represented norms of collective behaviour, enshrined by the in-group and, as Brooks (2011) observes, supported by personal safety campaigns and products targetting young women participating in the night-time economy. Take, by way of example, the function of the young women's 'getting ready' ritual. Half of the female interviewees (13) described a lengthy period (two or three hours) of 'getting ready' that generally preceded going out in public to socialise. This 'getting ready' session involved mainly or solely female members of the social group meeting at a group member's home, getting dressed, applying make-up, listening to music, and drinking (mainly wine) together. This was a key step in many of the young women's narratives of 'going out for a big night out', and, again, it was shaped by a sense of risk. Several of the interviewees explicitly framed this ritual as a means of planning precautionary behaviour for the night ahead, such as discussing whether they had taxi numbers,

when they should leave a pub or club, who they would meet up with later in the evening, codes they would use if one of their number wanted to leave a club/bar with a man. Similarly, in a study of UK female undergraduates' experiences of pre-drinking and club-drinking, Bancroft (2012) notes the role of the 'getting ready' ritual in minimising risk by, amongst other things, allowing group members to agree meeting points once in a club, to mitigate the dual risks of becoming isolated from the group and becoming subject to unwanted sexual attention. He tellingly describes the getting-ready phase of 'big nights out' as 'highly directed, bounded, and ritualised' (Bancroft, 2012, Abstract).

In our study, too, young women's risk rituals evidently functioned to distil in-group norms of behaviour. In other words, they served a solidaristic function. The 'drinking circle', 'getting ready' ritual, and collaborative mapping of surroundings are not just about managing uncertainty: they are pro-social activities through which young women forge relationships and affirm a sense of belonging. At the same time, it would be a mistake to see them as *purely* an expression of small-group values. After all, the measures described above find their reference point in a broader culture of risk-avoidance and precaution – not just in drink-spiking avoidance campaigns that urge women to 'watch your drink', but in campaigns that warn young women not to take unlicensed taxis, and in the 'cautionary tales' that abound in our culture about the perils for young women becoming separated from their group of friends (Moore, 2013). One of the notable features of these various messages – and the risk rituals to which they give rise – is that they locate responsibility with the would-be victim, and in such a way as to make self-limiting behaviour seem essential, not just to one's health and safety, but to one's membership of a social group. The conclusion returns to this point. Before that, this article turns to consider another point in women's lives when risk rituals appear to proliferate: pregnancy.

Risk rituals in pregnancy

That the pregnant body is a site of risk in late modern societies is well-established. Articles in this journal have done much to empirically substantiate this claim and explore the consequences for women (see, for example, Holland, McCallum, & Walton, 2016; Lee, Sutton, & Hartlet, 2016; Lowe, Lee, & Macvarish, 2015; Thomas & Lupton, 2015). It has become a mainstay within this literature – and the field more generally – that the casting of pregnancy as inherently risky constitutes a new form of medicalisation, and as such gives fresh impetus to traditional prohibitions around the female body. Marshall and Woollett (2000), for example, point out that the chief purpose of self-help pregnancy books is to direct women to adopt various precautionary measures to guard against a set of medically-authorised risks, and in such a way as to confirm the pregnant body as a legitimate site for extensive medical and self monitoring. The more general observation to be made here is that pregnancy is customarily framed in terms of potential harm to the foetus, and it is primarily the behaviour – action and inaction – of the pregnant woman that is framed as the cause of this harm.

This idea is confirmed by an analysis of British newspaper coverage of health issues. As noted in the Research Methods section above, this study focussed on news reporting over a five year period (2006–11) in all UK-wide national newspapers. The aim was to capture news reporting on pregnancy health in the round. In fact, there was a striking emphasis on factors that cause harm, as opposed to those that have a benefit; 76% (251 news items) discussed harmful factors, 12% (41) discussed health benefits, and 6% (19)

Table 1. Most frequently mentioned outcomes concerning pregnancy-related risks in British national newspapers, 2006–2011 (where $n \geq 5$, and the count is of newspaper articles, rather than each mention of an outcome).

Outcome	Count
Fertility problems	33 ₁ (9.9%)
Miscarriage	30 (9.0%)
Pre-term labour	30 (9.0%)
Birth defects	29 (8.7%)
Behavioural problems	20 (6.0%)
Multiple Sclerosis	18 (5.4%)
Birth weight	17 (5.1%)
Autism	16 (4.8%)
Asthma	14 (4.2%)
ADHD	11 (3.3%)
Breast cancer	11 (3.3%)
Spina Bifida	10 (3.0%)
Schizophrenia	9 (2.7%)
Obesity	9 ₂ (2.7%)
Cot death	8 (2.4%)
Allergies	6 (1.8%)
Depression	5 (1.5%)
Ectopic pregnancy	5 (1.5%)

¹ This included seven articles that identified sub-fertility in sons as an outcome, and two that cited male fertility as an outcome.

² This included four articles that identified childhood obesity as an outcome, and one that cited teenage obesity as an outcome.

coverage of risk from the late eighteenth century to the early twenty-first century is useful here for understanding the broader historical context. Zinn (2018) identifies a shift in British news reporting from the 1960s. From this point onwards ‘risk’ and ‘at risk’ become more commonly used terms in news reports. That same picture of proliferation outlined above – of risk factors and negative outcomes – is in evidence, too. It’s not just that ‘at risk’ becomes a more commonly-used term in the British news, in other words; there is a sharp increase in the range of groups, events, and phenomena that come to be described as such. Notably, Zinn (2018) finds that, from the 1960s onwards, women become one of the key foci in news reporting on risk. The observation is an important one. It suggests, first, that the picture of news reporting on pregnancy outlined above is historically-distinct and belongs specifically to the late twentieth, early twenty-first century period. And, secondly, it suggests that news reporting on pregnancy is part of a broader pattern whereby women have come to be increasingly associated with or seen as ‘at risk’. And as an aside, it’s of note that in Zinn’s analysis ‘jobs’ also come to be more frequently framed as ‘at risk’ in the British news in the post-1960s period. Yet despite the fact that, in policy terms at least, unemployment is generally taken to be a male problem, what’s framed as ‘at risk’ here is the object (jobs) rather than the subject (men).

The conclusion takes up this point again. For now, it’s important to observe that the cultural association of women with risk has produced new constraints, prohibitions, and expectations concerning women’s behaviour. In relation to pregnancy specifically, the new risk-related proscriptions contribute to what Hunt (2003) calls a ‘moralising

discourse'. That is, they establish norms of behaviour, imply that compliance is a matter of maternal virtue, and stigmatise those who dissent or err. As a number of researchers have noted, risk has become the dominant means of delineating 'good' and 'bad' motherhood (Lowe, Lee, & Yardley, 2010; Perrier, 2012). Perhaps the clearest example of this is the set of prohibitions surrounding alcohol consumption during pregnancy. Armstrong (2003) points out that the construction of Foetal Alcohol Syndrome (FAS) as a pre-eminent risk has given rise to a particularly censorious form of medicalisation whereby pregnant women who openly flout official guidance – by, for example, becoming drunk – are heavily stigmatised.

There is much at stake, then, in adhering (or not) to the proscriptions around pregnancy. This, coupled with the fact that the overall picture of pregnancy-related risks is one of great diversity, means that pregnancy and mothering have become labour-intensive activities around which women – some, at least – feel anxiety and ambivalence. Hays' (1998) account of the new model of 'intensive motherhood' suggests as much, as does Lupton's (2012) work on the demands produced by what she calls (following Salmon, 2011) 'reproductive citizenship', a phrase that captures very well the new duties that surround pregnancy.

These new duties are by no means merely abstract or philosophical; they find their clearest expression in the routines and rituals that pregnant women are urged to undertake. These are practically unavoidable – some are, after all, an integral feature of medical support for pregnancy – as well as culturally inescapable. To return to the study of pregnancy health issues in the British news, another key aspect of this coverage was the frequent endorsement of rituals of risk-minimisation to attend to the many diverse health risks noted above. These ranged from dietary regimes to the habitual consumption of supplements, from twice-weekly swims to weekly weigh-ins, from watching your daily coffee intake to having regular exercise. Many of the behavioural adaptations recommended in news articles amounted to *routinised practices* of avoidance and protection. Altogether, just over 25% (84) of the articles specified how frequently a practice should be undertaken, or set limits on how frequently pregnant women should consume or do certain things – either 'weekly' or a certain number of times a week (14.8%, or 49 articles), 'daily', 'each' or 'every' day (6.9%, or 23 articles), or 'regularly' (3.6%, or 12 articles)².

A closer look at the routines recommended in news reports reveals two dominant types. First, pregnancy-related risk-avoidance routines that are protective in character. These routines are recommended as positive steps by which the pregnant woman can guard against risk. In total, 18% (60) of the news items made mention of this type of behaviour; Table 2 provides a break-down of all such behaviours that were mentioned more than once in the sample. The far greater emphasis, however, was on routines of avoidance and self-limitation – on what *not* to do. In total, 51% (168) of the news items made mention of this type of behaviour, and Table 3 provides a break-down. Such is the extensiveness of this set of prohibitions that one news item – one of several critical pieces – summed up pregnancy in these terms:

No tuna. No soft cheeses. No pate. No shellfish. No soft boiled eggs. No mayonnaise. No coffee. No uncooked meat. No cured meat. No blue cheeses. No prewashed salads. No junk food. No hair dye. No mobile telephones. No hot baths.

No saunas. No cigarettes. No breathing of other people's cigarettes. No evil thoughts. No over-excitement. No lifting and carrying. No petrol fumes. No touching the soles of the feet. And above all, above everything else, No Alcohol. (Waugh, 2006, p. 4).

Table 2. Protective measures to guard against pregnancy-related risks in British national newspaper reports 2006–11 (where $n > 1$, and the count is of newspaper articles, rather than each mention of a behavioural adaptation).

Diet	
Discussed in general terms	28 (8.4%)
Fish consumption	14 (4.2%)
Dairy consumption	6 (1.8%)
Eating vegetables	3 (0.9%)
Supplements	
Vitamin D	20 (6.0%)
Folic acid	10 (3.0%)
Vitamin A	5 (1.5%)
Zinc	3 (0.9%)
Iron	2 (0.6%)
Probiotics	2 (0.6%)
Relaxation	
Discussed in general terms	6 (1.8%)
Yoga	5 (1.5%)
Meditation	2 (0.6%)
Acupuncture	2 (0.6%)
Exercise	
Discussed in general terms	6 (1.8%)
Swimming	3 (0.9%)
Walking	2 (0.6%)

The analysis above suggests that this list could be extended to include a set of protective measures:

Take folic acid. Take exercise. Take a yoga class. Take Vitamin D. Take regular walks in the sunshine. Take probiotics. Take a break.

Have two meals of fish a week. Have milk, regularly. Have a foot massage. Have a hard-boiled egg a day. Have plenty of vegetables.

It's a dizzying range of prohibitions and proscriptions, made even more confusing by the fact that some appear to contradict one another. Pregnant women should exercise, but not too much; they should eat fish, but only certain types, and a specific number of times each week; and – perhaps the greatest contradiction of all – pregnant women should avoid stress, but also pay heed to the huge range of pregnancy-related warnings.

There is nothing new about the observation that pregnancy has come to be framed as a period shaped by a discourse of risk-avoidance, personal responsibility, and precaution. Where the analysis above differs from – and hopes to add to – the standard sociological account of pregnancy-related risks is in its focus on the routines that have come to characterise pregnancy. These rituals – categorised above as variously protective and prohibitive – are the point at which the discourse of risk and responsibility is instituted into pregnant women's everyday lives. The next section considers this idea more deeply by exploring why risk rituals proliferate at particular points in the female life-course.

Table 3. Proscriptions to avoid and self-limit during pregnancy in British newspaper reports 2006–11 (where $n > 1$, and count is of newspaper articles, rather than each mention of a proscription).

Smoking	
Discussed in general terms	40 (12.0%)
Alcohol consumption	
Discussed in general terms	36 (10.8%)
Diet	
Being overweight/having a high-fat diet	32 (9.6%)
Drinking caffeine	11 (3.3%)
Fish consumption	11 (3.3%)
Cheese consumption	4 (1.2%)
Eating bagged/pre-washed salad	2 (0.6%)
Negative emotional states	
Stress	21 (6.3%)
Depression	2 (0.6%)
Medication	
Painkillers	8 (2.4%)
Antidepressants	5 (1.5%)
Technology	
Mobile phone-use	7 (2.1%)
Beauty products	
Hairspray	3 (0.9%)
Hair dye	2 (0.6%)
Strenuous exercise	
Discussed in general terms	4 (1.2%)

From the individual to the social functions of risk rituals

Why is pregnancy a state characterised by risk-related routines? Common-sense might suggest that they're necessary adjustments. Such a view quickly comes up against the problem that few of the pregnancy routines listed above are supported by robust scientific evidence. Those who have written about alcohol prohibitions in pregnancy often make the point that there is a lack of evidence to support the idea that moderate alcohol consumption harms the foetus (see, for example, Lee et al., 2016; Lowe et al., 2010). Cochrane Reviews – independent, systematic reviews of existing scientific evidence concerning a risk factor – point to a lack of evidence concerning risks related to caffeine consumption (Cochrane, 2015a), Vitamin E supplements (Cochrane, 2013), folic acid supplements (Cochrane, 2013), Vitamin C supplements (Cochrane, 2015), zinc supplements (Cochrane, 2015), aerobic exercise (Cochrane, 2006), pre-pregnancy health promotion campaigns (Cochrane, 2009).

This suggests that the routines that surround pregnancy, like risk rituals more generally, have a function over-and-above their efficacy in answering to a risk. As discussed above, risk rituals are best thought of as answering to a problem of uncertainty. Perhaps, then, there is something peculiar to the contemporary meaning and experience of pregnancy that makes it a life-phase riven by uncertainty. The cacophony of competing recommendations found in newspaper coverage, and the culture more broadly, is no doubt an important condition for this uncertainty and, in turn, likely to prompt a desire for clarity. The persistent suggestion that risks in pregnancy are primarily related to the behaviour of the pregnant woman are likely to give additional urgency to the desire to

bring this huge set of difficult-to-control factors under control. To reiterate a point made in the discussion of ‘risk rituals’, above: if uncertainty is about not knowing for sure what the future brings, one of the factors that makes this a really significant experiential problem is the socially-produced moral pressure to intervene, to take action, to protect oneself, and to do so as a matter of virtue.

There’s another explanation for the proliferation of pregnancy-related risk rituals, one that is more in keeping with an anthropological understanding of ritual. It is a mainstay within anthropology that rituals serve as a means of managing and accommodating change. Desmond (2015), for example, points out that rituals related to witchcraft in north-western Tanzania have played a role in helping to mitigate the uncertainty coming from rapid social change. Rituals perform a similar function in managing major life-course transitions, such as getting married, being born, becoming a parent, coming-of-age, and dying. Turner (1995) describes these as ‘life-crisis’ rituals, and he means ‘crisis’ in the original sense of the word, that is, to refer to a crucial moment of change and recomposition. The social function of the ‘life-crisis’ ritual is, amongst other things, to inaugurate the neophyte to her new obligations and status and help recalibrate the social group: in other words, it answers to problems of social uncertainty concerning shifting roles and group membership.

One possibility is that the risk rituals that proliferate during pregnancy serve this function by marking out a key transition into motherhood. This suggestion prompts a reconsideration of the risk rituals undertaken by female undergraduates to manage socialising. This group, too, was in a transitional stage: they’d just left home and were moving from the status of dependent to independent adult. As discussed above, one of the notable features of the risk rituals undertaken by this group was their solidaristic function; evident, for example, in these rituals’ expression of an ethic of care and watchfulness concerning female members of the group. In other words, these risk rituals served as a means of establishing in-group bonds and a sense of shared purpose and perspective. They had, too, a normative dimension, in that those women who adhered to the risk rituals were deemed, by common assent, to be ‘responsible’, and those who didn’t – who, for example, strayed from the group – were deemed reckless. That these norms were clearly gendered – that this was a divide between virtuous and irresponsible *women* – suggests that the risk rituals used by these young women do more than guard against uncertainty at the individual level. As with the rituals that proliferate during pregnancy, the rituals that characterise young women’s socialising experiences reinforce ideas about what it means to be a woman – and, in each case, at points in the life-course when identity is a thoroughgoing concern.

Conclusion

This article has sought to extend the uses of the ‘risk rituals’ concept. It has done so by exploring the connections between two case studies: first, young women’s experiences of socialising and secondly, the rituals and routines that characterise pregnancy. There are striking differences between the two studies drawn upon above in terms of design, aims, and focus. What they in different ways reveal is the proliferation of risk rituals at key transitional points in women’s life-course, namely at the point at which young women leave home to become independent adults, and the point at which women prepare for motherhood. Through this, I have suggested that risk rituals may, on occasion, serve

a social function in helping to inaugurate groups – in this case women – to their new social obligations at key transitional moments in the life-course.

I refer to ‘groups’ here for the sake of leaving open the question of whether and how risk rituals serve similar functions for other social groups. One way of conceptualising the risk rituals that mark life-course transitions is to think of them as emerging out of social conditions of detraditionalisation and individualisation – each closely related to the rise of a ‘risk society’ – and, as such, a general, shared feature of contemporary social life. Certainly, if risk rituals now characterise key transitional moments in the life-course, that is partly because of the decline of older collective bases for identity, such as work. Equally, as practices that reinforce the idea that individuals are responsible for managing uncertain situations, risk rituals are in keeping with an overall move towards individualisation.

These are the broad social forces that help make risk rituals a more thoroughgoing feature of social life. Beyond this, it is reasonable to suggest that certain social groups are more likely to be subject to, and in turn engage in, risk rituals that mark life-course transitions. They are, for instance, more immediately in evidence in the female life-course, than the male life-course. The observational work carried out for the study of undergraduate students’ socialising experiences is deeply suggestive of this. The Freshers’ Fairs³ attended for this study impressed upon young women the need to guard against threats to their personal safety – by distributing, amongst other things, rape alarms, drinks testing kits, and helpline numbers. In contrast, there was no such targeting of young men, despite the fact that this group is more likely to be victims of violent crime than young women (ONS, 2018, Section, p. 8).

There is, in other words, a perceived need to inaugurate women specifically to a world of risk, and in such a way as to emphasise that they should take personal responsibility for mitigating threats to their (and their loved-ones’) health and safety. Here, it’s worth recalling Zinn’s (2018) observation that women became, from the 1960s onwards, a key reference-point for British news reporting on risk. He largely attributes this to the significant changes in reproductive health that occurred during this decade – specifically, the emergence of the contraceptive pill and the legalisation of abortion. This is, of course, just one of many ways in which women have gained greater autonomy in the post-1960s era. In the areas of employment, intimate relationships, education, and consumption, too, there has been an evident reduction in the traditional and legal barriers to female freedom. This suggests a further explanation for the post-1960s cultural association of women and risk, and, as part of that, the emergence of risk rituals to mark stages in the female life-course. Many of the risk rituals discussed in this article involve setting limits on women’s use of space and consumption, whether that’s mapping space in a nightclub, or adopting a constrained diet during pregnancy. These closely resemble much older constraints and norms concerning female conduct. In this sense, we might think of risk rituals as serving to inaugurate women to a world where older constraints prevail, simply in newer forms.

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Notes

1. Other search terms trialled included ‘warn’, ‘risk’, and ‘harm’, but these failed to capture all relevant items.

2. The count for this was *per* newspaper article, *per* factor discussed. In other words, repeated mentions in a single news item of a practice being ‘daily’ or ‘weekly’ weren’t included in the count.
3. These are events organised by universities to introduce undergraduates to the social side of university life.

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